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UTILITY PATENT APPLICATION

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| Attomey Docket No. | YAESU.68197 | | | | |
| First Inventor | Hiroshi Okamoto | | | | |
| Title | | | | | |
| Express Mail Label | EV 320199796 US | | | | |

| | TRANSMITTAL Title | | | |
|---|--|--|--|--|
| (Only for new | v nonprovisional applications under 37 CFR 1.53(b)) | Express I | Mail Label | EV 320199796 US |
| See MPEP | APPLICATION ELEMENTS C chapter 600 concerning utility patent application of | ontents. | , | Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450 |
| 2. S (p) -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 | ee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processing pplicant claims small entity status. ee 37 CFR 1.27. pecification [Total Pages or Feered arrangement set forth below] Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure Total Pages Abstract of the Disclosure Prawing(s) (35 U.S.C. 113) [Total Sheets or Copy] Copy from a prior application (37 CF) (for continuation/divisional with Box 18 cor 1.63(d)(2) and 1.33(b). pplication Data Sheet. See 37 CFR 1.76 | 19] 4] 3] R 1.63(d)) mpleted) 6) ng inventor(s | (if application of the content of th | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) cotide and/or Amino Acid Sequence Submission (Incable, all necessary) Computer Readable Form (CRF) Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper Statements verifying identity of above copies COMPANYING APPLICATION PARTS Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement (when there is an assignee) English Translation Document (if applicable) Information Disclosure Statement (IDS)/PTO- 892 Copies of IDS Statement Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| Prior : For CONTINU under Box 5 | ollowing the title, or in an Application Data Sheet under the problem of the problem of the problem of the transfer of the disclosure of the incorporation can only be relied upon when a solution of the disclosure of the composition of the disclosure of the problem of the problem of the problem of the disclosure of the composition of the disclosure of the disclosure of the composition of the disclosure of the problem of the | ation-in-par K. Pham e disclosure accompan portion has | e of the prior rying continuat s been inadver | grior application No.: O9/818,362 Group / Art Unit:2121 application, from which an oath or declaration is supplied tion or divisional application and is hereby incorporated by rently omitted from the submitted application parts. DDRESS Correspondence address below |
| | | | | |
| City | Long Beach | State | California | Zip Code 90802 |
| Country | U.S. Tel | ephone | (562) 432-045 | 53 Fax (562) 435-6014 |
| Name | (Print/Type) Michael J. Moffatt | 4 | Regis | istration No. (Attorney/Agent) 39,304 |
| Signat | ture MAN () AN XI-1 | 7 | | Date March 24 2004 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)
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| FEE TRANSMITTAL | Complete if Known | | | | |
|---|----------------------|-----------------|--|--|--|
| - | Application Number | TBA | | | |
| for FY 2004 | Filing Date | Herewith | | | |
| Effective 10/01/2003. Patent fees are subject to annual revision. | First Named Inventor | Hiroshi Okamoto | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | Examiner Name | Thomas K. Pham | | | |
| | Art Unit | 2121 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) \$810.00 | Attorney Docket No. | YAESU.68197 | | | |

| METHOD OF PAYMENT (check all that apply) | OD OF PAYMENT (check all that apply) FEE CALCULATION (continued) | | | | | | | | |
|---|--|----------------------|--------------|------------|---|-----------------------------------|-------------------------------------|------------|--|
| Check Credit card Money Other None | lone 3. ADDITIONAL FEES Large Entity Small Entity | | | | | | | | |
| Deposit Account: | Fee | | Smail Fee | Fee | - * | Description | nn | Fee Paid | |
| Deposit Account 21-0800 | Code 1051 | (\$) 130 | 2051 | (\$) 65 | Surcharge - late | • | | | |
| Number | 1052 | 50 | 2052 | | • | - | filing fee or cover | | |
| Deposit Account Fulwider Patton Lee & Utecht | | 400 | 4050 | 420 | sheet | ification | - | | |
| Name | 1053 | 130 | 1053 | | Non - English sp | | eto roovomination | <u> </u> | |
| The Director is authorized to: (check all that apply) | 1804 | 2,520 920* | 1804 | 920* | | • | rte reexamination R prior to Examin | er . | |
| Charge fee(s) indicated below Credit any overpayments | | 920 | 1004 | 920 | action | | • | " <u> </u> | |
| Charge any additional fee(s) or any underpayment of fee(s) | 1805 | 1,840* | 1805 | 1,840* | Requesting publication | lication of SI | R after Examiner | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | 1251 | 110 | 2251 | 55 | Extension for re | ply within fire | st month | | |
| FEE CALCULATION | 1252 | 420 | 2252 | 210 | Extension for re | ply within se | cond month | | |
| 1. BASIC FILING FEE | 1253 | 950 | 2253 | 475 | Extension for re | sion for reply within third month | | | |
| Large Entity Small Entity | 1254 | 1,480 | 2254 | 740 | Extension for re | ply within fo | urth month | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid | 1255 | 2,010 | 2255 | 1,005 | Extension for re | ply within fift | h month | | |
| 1001 770 2001 385 Utility filing fee 770.00 | 1401 | 330 | 2401 | 165 | Notice of Appea | d | | | |
| 1002 340 2002 170 Design filing fee | 1402 | 330 | 2402 | 165 | Filing a brief in s | | | | |
| 1003 530 2003 265 Plant filing fee | 1403 | 290 | 2403 | 145 | Request for oral | | | | |
| 1004 770 2004 385 Reissue filing fee | 1451 | 1,510 | 1451 | 1,510 | Petition to institu | | | | |
| 1005 160 2005 80 Provisional filing fee | 1452 | 110 | 2452 | 55 | Petition to revive | | | | |
| SUBTOTAL (1) (\$) \$770.00 | 1453 | 1,330 | 2453 | 665 | Petition to revive | e - unintentio | onal | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND | 1501 | 1,330 | 2501 | 665 | Utility issue fee | (or reissue) | | | |
| Fee from | 1502 | 480 | 2502 | 240 | Design issue fee | е | | | |
| Extra Claims below Fee Paid Total Claims20** = 0 X = 0.00 | | 640 | 2503 | 320 | Plant issue fee | | | | |
| Independent - 3** = 0 X = 0.00 | 1460 | 130 | 1460 | 130 | Petitions to the | | | | |
| Claims Multiple Dependent = | 1807 | 50 | 1807 | | Processing fee | | | | |
| Large Entity Small Entity | 1806 | 180 | 1806 | 180 | Submission of In Statement | nformation E | Disclosure | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | 8021 | 40 | 8021 | 40 | Recording each | | gnment per prope | ty 40.00 | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | 770 | 2809 | 385 | Filing a submiss | sion after fina | • | | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1810 | 770 | 2810 | 205 | (37 ČFR § 1.129(a)) For each additional invention to be examined | | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1010 | 770 | 2010 | 303 | (37 CFR § 1.129(b)) | | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | 1801 | 770 | 2801 | 385 | Request for Cor | | ` ' | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 | 1802 | 900 | 1802 | 900 | Request for exp of a design appl | | nination | | |
| and over original patent | Othe | er fee (| specify | | <u> </u> | | | | |
| SUBTOTAL (2) (\$) \$0.00 | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | luced b | y Basic | Filing | Fee Paid | SUBTO | ΓAL (3) (\$) | \$40.00 | | |
| SUBMITTED BY Complete (if applicable) | | | | | | | | | |
| Name (Print/Type) Michael J. Moffatt | Registration No. (Attorney/Agent) 39,304 | | | | 39,304 | Telephone | e (562) 432-0453 | | |
| Signature Michae O Mask | Date March 24, 2004 | | | | | , 2004 | | | |

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